PTO/SB/01 (10-05)

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DECLARATION FOR UTILITY OR	Number							
DESIGN	First Named Inventor Dr. Max Mayer							
PATENT APPLICATION	COMPLETE IF KNOWN							
(37 CFR 1.63)	Application Number							
Declaration Declaration	Filing Date							
Submitted OR Submitted after Initial With Initial Filing (surcharge	Art Unit							
Filing (37 ČFR 1.16 (e)) required)	Examiner Name	——————————————————————————————————————						
I hereby declare that:								
Each inventor's residence, mailing address, and citizenship are	as stated below next to their name.							
I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
Complex Polarizer System For Reciprocal Pola	ization (Cross-Polarizer)							
	·							
(Title of the specification of which	Invention)							
is attached hereto								
OR								
	7							
was filed on (MM/DD/YYYY) 02/02/2005	as United States Application Number	or PCT International						
Application Number PCT/DE2005/000194 and was amended on (MM/DD/YYYY) (if applicable).								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is mat	rial to patentability as defined in 37 CF	R 1.56. including for						
continuation-in-part applications, material information which be	came available between the filing date of							
and the national or PCT international filing date of the continual		plication(s) for natont						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a inventor's or plant breeder's rights certificate(s), or 365(a) of a								
country other than the United States of America, listed below and have also identified below, by checking the box, any foreign								
application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date								
before that of the application on which priority is claimed.	D. I. Disable I Contil	: d C A44bd2						
Prior Foreign Application Foreign Filir Number(s) Country (MM/DD/Y	•	ied Copy Attached? SNO						
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[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## **DECLARATION** — Utility or Design Patent Application

correspondence to: ass	e address sociated with stomer Number:			OR 🗸	Correspondence address below			
Name		- <del>1</del>		•				
Dr. Bernhard Bausenwein								
Address Eichenstr. 32								
City			State		ZIP			
Hagelstadt		,	Bavaria		D-93095			
Country	Te	elephone	<b>.</b>	Email	<u> </u>			
Germany	++-	49 9453 996822		bb@opti-project.de				
		WARNI	NG:	•				
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NAME OF SOLE OR FIRST IN	VENTOR:	ПАр	etition has been file	ed for this unsign	ned inventor			
Given Name (first and middle [if	any])		Family	Name or Surna	me			
Max		,	Dr. May	er				
Inventor's Signature	Sir. U	lex V	layes		Date 07/25/2006			
Residence: City	State		Country	Citize	nship			
Forchheim	Bavaria	Germany		Germar	German			
Mailing Address Hutstrasse 39					,			
City	State		Zip	···	Country			
Forchheim	Bavaria		D-91301	<b>]</b> ,	Germany			
Additional inventors or a legal res	·	named on the 1			02LR attached hereto.			

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1				
Name of Additional Joint Inventor, if any	,	A petition h	nas been filed for this un	signed	inventor	
Given Name (first and middle (if any))	, , , , , , , , , , , , , , , , , , ,					
Bernhard Rudolf	Dr. Bausenwein	Family Name or Surname  Dr. Bausenwein				
Inventor's Signature				Date	3005 PS 450	
Hagelstadt Residence: City	Bavaria State	Germa Coul	•	German Citizer		
Eichenstr. 32						
Mailing Address						
Hagelstadt	Bavaria	D-93095		Germany		
Name of Additional Joint Inventor, if any	State /:	A petition h	Zip nas been filed for this ur	Count		
Given Name (first and middle (if any))		Family Name or Surname				
Inventor's Signature				Date		
Residence: City	State		Country		Citizenship	
Mailing Address						
	- · · · -					
City	State		Zip	Count	гу	
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor						
Given Name (first and middle (if any))			Family Name or Surname			
	<u> </u>					
Inventor's Signature		Date				
Residence: City	State		Country		Citizenship	
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